



Balcones Heights Police Department

3300 Hillcrest Drive, Balcones Heights, Tx. 78201

210-735-6244 Phone / 210-735-4954 Fax

Credit/Debit Card Abuse Form

Form must be completed by Cardholder

Balcones Heights Police Dept. Case #: _____ (BHPD case number required prior to submitting)

Reports can be made by in person or if out-of-town by phone

Submitted For: (Name on card used): _____

Race _____ Sex _____ Date of Birth _____

Home Address: _____ Home Phone: _____

Business Address: _____ Business Phone: _____

Cell Phone: _____

Form completed by: _____ Position: _____

NOTE:

*Questions 1 through 6 must be answered.

*Only credit card charges made in Balcones Heights will be accepted.

*If additional space is needed, use the back of the form and identify by number.

*A full statement for the prior 90 days must be submitted with form. Do not edit/alter the statement or black out any information.

1. Name as it appears on card: _____

Card Issuer (Bank, Credit Union): _____

Card Number: _____ Type (Visa, MC, Amex): _____

Name of additional authorized signers or joint persons: _____

Names of anyone who has had possession of your card: _____

2. Date and Location card was lost or stolen: _____

Have you already made a Credit/ Debit card abuse report? Yes ☐ No ☐

If yes, Case Number and jurisdiction: _____

3. Has the account holder declared there are unauthorized charges? Yes ☐ No ☐

Have the charges to your card been reimbursed by your bank? Yes ☐ No ☐

Have you been told by your bank the charges will be reimbursed? Yes ☐ No ☐

Were you in possession of your card when charges were made? Yes ☐ No ☐

Was a PIN used Yes ☐ No ☐

How did suspect know the PIN? _____

4. Where was the credit card used fraudulently?

Name of Business: _____ Date: _____ Amount: _____

Address: _____ Person who accepted charges: _____



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Name of Business: _____ Date: _____ Amount: _____

Address: _____ Person who accepted charges: _____

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Name of Business: _____ Date: _____ Amount: _____

Address: _____ Person who accepted charges: _____

5. Other Witnesses:

Name: _____ Phone: (Home) _____ (Cell) _____

Name: _____ Phone: (Home) _____ (Cell) _____

Name: _____ Phone: (Home) _____ (Cell) _____

6. Do you know the suspect who is using your card fraudulently? Yes ☐ No ☐

How do you know the suspect? _____

Where can the suspect be found? _____

Name of the suspect: _____

Race: _____ Sex: _____ Age: _____ Hgt: _____ Wgt: _____ Hair Color: _____

Was a phot or video taken: Yes ☐ No ☐

If photo or video is available, name and phone number of the person who is in possession of it:

Attach account statements for each account used (prior 90 days, unedited and nothing blacked out). Legible Copies of account statements and any supporting documentation are required. Please provide a copy of any reports made outside of the city of Balcones Heights associated with this case.

KEEP COPIES OF EVERYTHING FOR YOUR RECORDS

Mail or bring to:
Balcones Heights Police Department
Criminal Investigations Unit
3300 Hillcrest Dr.
San Antonio, TX 78201



Balcones Heights Police Department

3300 Hillcrest Drive, Balcones Heights, Tx. 78201

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Statement Information Supplement

Note: This information is confidential and only for Balcones Heights Police Department and Bexar County District Attorney official records.

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Race: _____ Sex: _____ Age: _____ DOB: _____

Place of Employment: _____

Business Address: _____

Job Title: _____

Marital Status: ☐Single ☐Married ☐Separated ☐Divorced ☐Widowed

Name of Spouse if Applicable: _____

Nearest relative other than spouse:

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____

Place of Employment: _____ Phone: _____